

Ohio Department of Job and Family Services
CHILD CARE PROVIDER FRAUD REFERRAL

Name of the Person Completing this Form	Date
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***Required Information**

PROVIDER INFORMATION

*Provider Name

Address

*City	State
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County	Provider License Number
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CONTACT INFORMATION for PERSON PROVIDING INFORMATION
 (Contact information is not required but is strongly encouraged so that ODJFS can contact you for additional information, if needed. Your identity will remain confidential and will not be shared with anyone.)

Name

Address

Phone	Contact Preference <input type="checkbox"/> Call <input type="checkbox"/> Text	Best Day and Time to Contact
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Please be as specific as possible, but if additional information is needed, ODJFS will attempt to contact you by phone. Please provide the number that you would like us to use for this purpose. If you prefer to be contacted by email, please provide an email address at which we can contact you.

Email

If you are reporting that: A provider is billing for a child for a time that a child is not under the provider's care.

What is the name of the person?	What date and time of day did it occur?
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What child(ren) was/were the ones being billed for?

Additional Details

If you are reporting that: An employee/owner was seen entering information in the child care tablet using another person Personal Identification Information (PIN).	
What is the name of the person?	What date and time of day did it occur?
What children was information entered for?	
Additional Details	
What is the name of the person?	Is this an employee or other?
Does this person enter attendance for days your children were not present? If yes, what dates?	
Additional Details	
If you are reporting that: You saw the QR code somewhere other than on the child care tablet.	
Where did you see it?	Who had it?

Additional Details